

Case Number:	CM13-0021242		
Date Assigned:	03/12/2014	Date of Injury:	08/17/1981
Decision Date:	04/22/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 67 year-old female with a date of injury of 8/17/1981 and a primary diagnosis of thoracic lumbosacral neuritis and radiculitis. The patient has a reportedly long history of lower back pain and recent medical records indicate there is an increase in radiating pain from the back to the lower extremities. According to the medical record the patient has had an L4-5 laminectomy in 1989 and an L2-S1 fusion on April 15, 2013. On 2/25/13 there is report in the medical record of bowel and bladder dysfunction and severe low back pain with bilateral leg pain. The assesment of this same encounter indicates there is a reported improvement in radiculopathy symptoms. The intrathecal pump is reported to be working well and noted to have been replaced on September 24, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

INTRATHECAL MORPHINE TRIAL; SPINAL INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems Section Page(s): s 52-54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Implantable Drug delivery

System Section and Intrathecal and Epidural Administration of Opioids. Anesthesiology, 1984 Sep;61(3):276-310.

Decision rationale: This is a request for an intrathecal morphine trial; spinal injection. Typically, a single dose of intrathecal morphine is utilized for treatment of postoperative pain in a hospital setting. The objective is to try to reduce the need for systemic opioids postoperatively. Both the MTUS and the ODG are silent on this technique, as a single injection is not suitable for long term pain management. In certain cases neuraxial, intrathecal morphine may be suitable for patients who need long term pain management and are candidates for an implantable spinal delivery system, otherwise known as an intrathecal pump. In this case, a temporary trial of intrathecal opiates is typically used to determine successful reduction in pain prior to permanent implantation of the intrathecal pump. According to the medical records this patient already has an implanted programmable intrathecal pain pump which was replaced in September 2013. This obviates the need for a separate intrathecal morphine spinal injection. Therefore, the above listed issue is considered not medically necessary.

REMOVAL AND REPLACEMENT OF INTRATHECAL CATHETER AND MORPHINE PUMP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems Page(s): s 52-54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Implantable Drug delivery System Section.

Decision rationale: This is a request for removal and replacement of intrathecal catheter and morphine pump. Removal and replacement of the intrathecal catheter and pump is not specifically addressed in MTUS guidelines or the ODG. According to both the MTUS and ODG individual, observational evidence should be used to determine effectiveness and guide treatment. There is a discrepancy in some of the patient's recently documented medical information which makes it difficult to determine if the intrathecal pump is providing effective pain relief. There is also clearly documented evidence specifying the intrathecal pump does not need to be replaced and is functioning properly. There is also documented evidence of a recent pump removal and replacement with a new programmable intrathecal pump in September 2013. Unless the intrathecal battery performance on the new device is malfunctioning or running out, there is no need to remove and replace the intrathecal morphine pump and intrathecal catheter. Therefore, the above listed issue is considered not medically necessary.